

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004864

**Entity Name:** CARELON INSIGHTS, INC.

**Current Principal Place of Business:**

220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204 US

**FEI Number:** 82-3300542

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PLANTE, JEFFREY ALLEN  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            DIRECTOR  
Name            MANDEL, ROBERT JACOB M.D.  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            SECRETARY  
Name            KIEFER, KATHLEEN SUSAN  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            TREASURER  
Name            SCHER, VINCENT EDWARD  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            ASSISTANT TREASURER  
Name            NOBLE, ERIC KENNETH  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            DIRECTOR  
Name            ARMATAS, NANCY ANN  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title            DIRECTOR  
Name            PLANTE, JEFFREY ALLEN  
Address        220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN SUSAN KIEFER

**SECRETARY**

**03/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date